Building capacity for colorectal cancer screening in federally qualified health centers: Practical perspectives on reporting organizational readiness assessment data





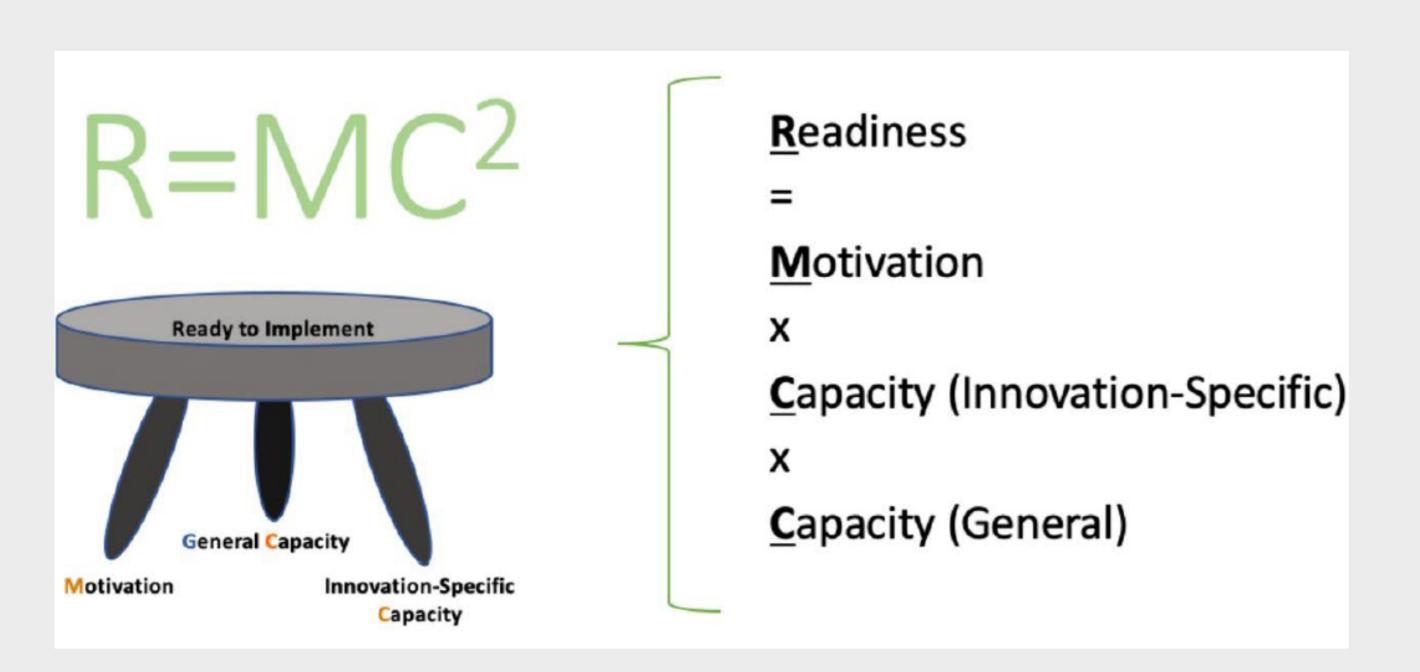
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Introduction

Organizational readiness is important for successful implementation of evidence-based interventions (EBIs).

R=MC2 posits that organizational readiness stems from an organization's motivation, capacity to implement a specific innovation, and its general capacity.



As part of a larger research study to improve and validate a measure of organizational readiness, we surveyed staff from **federally qualified health centers (FQHCs)** across two states about readiness related to implementation of EBIs for increasing colorectal cancer screening (CRCS).

After data collection, we provided FQHCs with a report of their readiness survey results.

Objective

The purpose of this study is to understand clinic staff perceptions of **how to best use readiness survey results** to support FQHCs in implementing new EBIs.

Methods

We conducted a series of interviews with FQHC staff (e.g., managers, quality improvement staff, nurses) to understand their perspectives on the readiness report and how it could be used to support implementation of new EBIs.

Interviews were conducted via Zoom, audio recorded, and transcribed. Data were analyzed using an inductive approach to identify key emergent themes.

Findings

In total, **16 FQHC staff were interviewed**, nine from SC and seven from TX. Participants were primarily clinic managers or leadership (n=7), quality improvement directors (n=3), community health workers (n=2), or nurses, medical assistants, and other clinical staff (n=4).

Staff shared that using a survey alone to assess organizational readiness might not fully capture the **multi-level complexities that impact implementation in FQHCs**. Instead, participants suggested a mixed methods or qualitative readiness assessment, wherein the research team would discuss strategies with FQHC partners to enhance implementation.

"Maybe it should be a group project rather than an individual one, because there were parts that not everybody could answer, but it was required of the survey. This, would allow for discussion and clarification of questions."



"Anytime you get data, you want the data to drive your decisions about things, and so I think [the readiness report] was helpful for me to receive from the clinical standpoint. But outside of somebody from [your research team] coming in to actually do it and to work with us it only goes so far as what I can take it... while we want to do things that will benefit our patients and quality improvement, we are very limited by the fact that we run lean and we don't have a lot of folks to help us do it."



Participants explained that **staff turnover and shortages are a barrier to acting** upon information within reports that were provided. They explained that speeding up the data collection and report dissemination process would help clinics focus and prioritize.



Overall, clinic staff felt the information provided in the readiness report was limited, but gave them a useful starting point for readiness building.

Implications for D&I Science

FQHCs face barriers in implementing EBIs for CRCS and would benefit from a hands-on approach and directive support from research collaborators. Future implementation research should consider mixed methods approaches to assess readiness and a collaborative approach to enhance readiness building efforts for implementation.